

ITO VICENZA INBOUND SHIPMENTS WORKSHEET

NAME:	RANK:	SSN:	PHONE:
			CELL:
HOME ADDRESS:		UNIT/ORGANIZATION:	
E-MAIL ADDRESS:			
TYPE SHIPMENT	HHG/4	UB/J	HHG / UB / NTS
ORIGIN PPSO			
CARRIER MODE			
PIECES/WEIGHT			
GBL NUMBER			
PICK-UP DATE			
RDD			
ARRIVAL DATE			
OFFERED FOR DEL			
MBR NOTIFIED			
DATE SIT EXPIRE			
LOCAL AGENT			
DATE DELIVERED			
REMARKS			